



APPLICATION FOR REGISTRATION: MID-LEVEL PRACTITIONER

APPLICATION FEE \$25 LATE FEE \$50

I am applying for:

☐ New Registration ☐ Additional Registration ☐ Re-application

☐ Renew Existing Registration
(Must provide Registration Number)

CSR
Number:

Expiration
Date: MM / DD / YYYY

Online Payment Trace Number

Online Transaction Date (MM/DD/YYYY)
/ /

APPLICANT INFORMATION

Last Name: First Name: Middle Name: Suffix: (IF ANY) Degree:

Date of Birth: MM / DD / YYYY

Social Security Number: - -

Email Address:

Current Board License Number:

Expiration Date: MM / DD / YYYY

Current Federal (DEA) Registration Number (IF Any):

Expiration Date: MM / DD / YYYY

Current National Provider Identifier (NPI) (IF Any):

Business
Address:
(Physical
Address
required, if
using a P.O.
Box)

City: State: ZIP Code: County:

Phone Number Type:

☐ Office ☐ Cell ☐ Home

Number: () - ext.

International ☐ Yes
Phone #: ☐ No

SUPERVISING PHYSICIAN INFORMATION (Must be completed every year)

Note: Physician must be registered with TMB for prescriptive authority. If more than one physician, list additional information with signatures on a separate sheet.

Last Name: First Name: Middle Name: Suffix: (IF ANY) Degree:

Medical Board Number:

CSR Number:

DRUG SCHEDULES (Select all that apply)

☐ (2) SCHEDULE II, NARCOTIC
☐ (2N) SCHEDULE II, NON-NARCOTIC

☐ (3) SCHEDULE III, NARCOTIC
☐ (3N) SCHEDULE III, NON-NARCOTIC

☐ (4) SCHEDULE IV
☐ (5) SCHEDULE V

"I am delegating prescriptive authority of the selected schedules to the Mid-Level Practitioner named above."

Supervising
Physician:

Date: / / ,
(MM/DD/YYYY)

(Signature)

(Printed Name)

Applicant Name:		Board License Number:	
LIABILITY QUESTIONS <i>(Must be completed)</i>			
1. Is the applicant currently authorized to handle controlled substances under the Federal Controlled Substances Act (DEA Registration)?		<input type="radio"/> Yes <input type="radio"/> No	
2. Has the applicant been convicted or placed on community supervision or other probation for a felony, a violation of Health and Safety Code, Chapters 481-485, or another offense reasonably related to the registration sought? <i>(If yes, attach a letter stating circumstances of such</i>		<input type="radio"/> Yes <input type="radio"/> No	
3. Has any previous registration held by the applicant, corporation, firm, partner, officer, or stockholder of the applicant under the Texas or Federal CSA been surrendered, revoked, denied, or is it pending such action? <i>(If yes, attach a letter stating circumstances of such actions.)</i>		<input type="radio"/> Yes <input type="radio"/> No	
4. If the applicant is a corporation, association, or partnership, the following must be answered. Has any officer, partner, or stockholder been convicted of a felony, a violation of Health and Safety Code, Chapters 481-485, or another offense reasonably related to the registration sought? <i>(If yes, attach a letter stating circumstances of such actions.)</i>		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
EXEMPTION OF FEE			
Does exemption of fee apply?		<input type="radio"/> Yes <input type="radio"/> No (If yes attach Certification of Exemption From Fee, Form NAR-80)	

Date: ____ / ____ / ____ , _____
 Signature of Applicant (No Stamped Signatures) (MM/DD/YYYY) (Printed Name)

Online Payment Instructions

Application Submission

If submitting Certification of Exemption, NAR-80, include with this application.

Late Fee Notice: A \$50 late fee will be charged for each renewal application received after the annual expiration date. The former registrations provides the registrant with no authority to manufacture, distribute, prescribe, possess, analyze, dispense or conduct research with a controlled substance after expiration, according to DPS Rule, section 13.29(d).

Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

- (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual;
- (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and
- (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect.